

EXHIBIT 10

TANDEM INSTRUCTOR RATING COURSE PROFICIENCY CARD

CANDIDATE: Refer to the rating requirements listed in the Introduction and Orientation section of the USPA Tandem Instructor Rating Course outline in the USPA Instructional Rating Manual. Some requirements are listed there alone, and some are listed only on this proficiency card.

Sign-off dates may not be more than 24 months old as of the course start date. Many requirements may be performed in conjunction with a USPA Tandem Instructor Rating Course.

VERIFYING OFFICIALS: Use this form to record that the candidate has met all necessary requirements for the USPA Tandem Instructor rating. The level of official verification is indicated with each requirement. Each of the undersigned certifies that he or she has personally verified those qualifications listed.

*Current USPA Instructors need not meet stated requirements.

USPA TANDEM INSTRUCTOR RATING APPLICATION

Name Yong Hyeon Kwon

USPA #: Pending Expiration Date: / /

Mailing Address [REDACTED]

Add'l. Address [REDACTED]

City GYEONGGI-DO

State KYUNGGI

Zip or Postal Code 380-84

Country South Korea

Weekday Phone (010-4210-5210)

E-Mail [REDACTED]

DOB: [REDACTED]

Sex: M F

Occupation: Student

License Number: Pending (USPA or FAI D license required.)

FAA Medical Exp. Date 6/30/16 (include copy of medical with this application)

Total Freefall Time: 289.55 Sec. Total Sport Jumps: 553 (minimum 500 required.)

Applicant's Signature (for future authentication purposes): Yong Hyeon Kwon

\$50 Rating Fee: Paid by candidate with application Returned with After-Action Report



71182

Expiration date 06/16

I certify that

Signature: Yong Hyeon Kwon

name of candidate

has:

TANDEM

PRIOR TO ARRIVAL AT THE USPA INSTRUCTOR RATING COURSE:

1. Assisted in two tandem first-jump courses toward Category A requirements.

Yong Hyeon Kwon USPA Tandem Instructor signature

6/27/16 Date

Yong Hyeon Kwon USPA Tandem Instructor signature

6/27/16 Date

2. Assisted in two Category B tandem ground preps.

Yong Hyeon Kwon USPA Tandem Instructor signature

6/28/16 Date

3. Assisted in two Category D ground preps.

Yong Hyeon Kwon USPA Tandem Instructor signature

6/29/16 Date

4. Observed ground preps in Categories B, C, E, and F.

Yong Hyeon Kwon USPA Instructor signature

6/29/16 Date

5. Correctly taught freefall stability and basic freefall maneuvers, including freefall turns, backloops, barrel rolls, front loops, and tracking.

Yong Hyeon Kwon USPA Instructor signature

6/29/16 Date

6. Prepared an effective canopy flight plan and provided ground-to-air (for example, radio) instruction for winds up to 14 mph.

Yong Hyeon Kwon USPA Instructor signature

6/29/16 Date

7. Participated in the spotting and aircraft lessons from Categories D through H (or equivalent training).

(initials) Category D YH

Category G YH

Category E YH

Category H YH

Category F YH

Yong Hyeon Kwon USPA Instructor signature

6/29/16 Date

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CANDIDATE NAME

YongHyun

Member #

Pending

8.* Demonstrated five practice tandem cutaways wearing tandem equipment and with a simulated student in the student harness in the presence of a USPA Tandem Instructor or Tandem Instructor Examiner.

1. Supervising USPA Tandem Instructor signature Date

9.* Made 10 jumps to teach and observe basic group freefall skills (verification of 10 entries in the candidate's logbook).

Course Examiner's signature Date

10. Correctly answered at least 80% of the questions on the USPA Tandem Instructor Final Examination.

Course Examiner signature Date

AT THE USPA INSTRUCTOR RATING COURSE:

11. During tandem jumps, demonstrated the ability to perform all the following:

• Establish and maintain stability throughout the jump.

Evaluator signature Date

• Recover from intentional, planned instability on exit.

Evaluator signature Date

• Heading control during tandem freefall and droguefall.

Evaluator signature Date

12. Earned a score of Satisfactory on all sections and sub-sections of the Tandem In-Air Skills and Instruction Evaluation Form and the Training, Supervision, and Debriefing Evaluation Form.

Course examiner signature Date

13. Correctly and completely rigged a simulated student for a tandem jump and completed a satisfactory pre-jump check of all associated systems.

Evaluator signature Date

14. Conducted five successful initial tandem evaluation jumps.

Evaluator signature Date

Evaluator signature Date

Evaluator signature Date

4. Evaluator signature Date

5. Evaluator signature Date

15.* Correctly prepared and checked a solo student's equipment, including canopy selection, prior to rigging up.

USPA Instructor signature Date

16.* Completed one satisfactory Category D freefall and canopy training session and air evaluation during a Tandem Instructor Rating Course.

Course Examiner signature Date

17. Participated in all portions of the USPA Tandem Instructor Rating Course.

Course Examiner signature Date

18. Has a minimum of 3 years of experience in parachuting.

Course Examiner signature Date

19. Conducted five practice tandem jumps.

1. Supervising USPA Tandem Instructor signature Date

2. Supervising USPA Tandem Instructor signature Date

3. Supervising USPA Tandem Instructor signature Date

4. Supervising USPA Tandem Instructor signature Date

5. Supervising USPA Tandem Instructor signature Date

RATING RECOMMENDATION

I have personally examined and recommend this applicant for the USPA Tandem Instructor rating. He or she has demonstrated the ability to train and jump with tandem students and to train and supervise non-method-specific students for the USPA A license.

Y.G.

USPA Tandem Instructor Examiner name and Member #

USPA Tandem Instructor Examiner signature Date

CA Skydive School, Acampo, CA

Course Location

UPT Sigma

Tandem Equipment Used for Rating

COURSE/EXAMINER VERIFICATION CHECKLIST

- Examiner membership and rating expiration date _____ (must be a current USPA Group Member drop zone)
- Course Location _____
- Course dates and location registered with USPA Headquarters on (date) _____
- Candidate USPA Membership expiration date _____
- Full Course _____
- Challenge Course _____
- Mfg. Transition Course (tandem only) _____

(See Section 1 of course syllabus for requirements)

UNINSURED UNITED PARACHUTE TECHNOLOGIES, LLC.

Vector



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SIGMA

~ TANDEM INSTRUCTOR CERTIFICATION FORM

Name Yonghyeon KwonAge 26

/ /

Mailing Address ██████████

\$ 50.00

City Gyeongju, S. State Gyeongsangbuk Zip 38684 Country KoreaHome Phone ██████████Work Phone ██████████Fax ██████████E-Mail ██████████Date of First Jump 6/25/16 Number of Jumps 253Instructional Rating(s) (Please attach copy) USPA Coach pending

Current / Expired

USPA D-License/ Equivalent PendingFAA Medical Certificate # (Please attach copy) see attachedHome Drop Zone Parachute CenterNational Aero Club USPA

Applicant Training Record

Jump # Date Aircraft Name of Passenger Examiner's Comments and Signature

1.	6/27/16	twin otter	Solo
2.	6/27/16	twin otter	great ride
3.	6/28/16	twin otter	Mike S.
4.	6/28/16	twin otter	Mike S.
5.	6/28/16	twin otter	Mike S.

Name of Examiner (Please Print) Y.G.

Cross-Training to a Vector Sigma from another Tandem Rating

Date Aircraft Name of Passenger Examiner's Comments and Signature

1. / / 2. / / Name of Examiner (Please Print)

Applicant must possess a current tandem rating from another manufacturer, complete a Vector Sigma Tandem ground school, and complete a minimum of two Vector Sigma tandem jumps.